

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BE	12	3/5
RESPONSE FORMALITY REVIEW	7	5517 905	03-09-01 611710

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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